Second Quarter 2015

Kentucky Diabetes Connection

The Communication Tool for Kentucky Diabetes News

AACE
American Association of Clinical Endocrinologists Ohio River Regional Chapter

ADA
American Diabetes Association

DECA
Diabetes Educators Cincinnati Area

GLADE
Greater Louisville Association of Diabetes Educators

JDRF
Juvenile Diabetes Research Foundation International

KADE
Kentucky Association of Diabetes Educators

KEC
Kentuckiana Endocrine Club

KDN
Kentucky Diabetes Network, Inc.

KDPCP
Kentucky Diabetes Prevention and Control Program

TRADE
Tri-State Association of Diabetes Educators

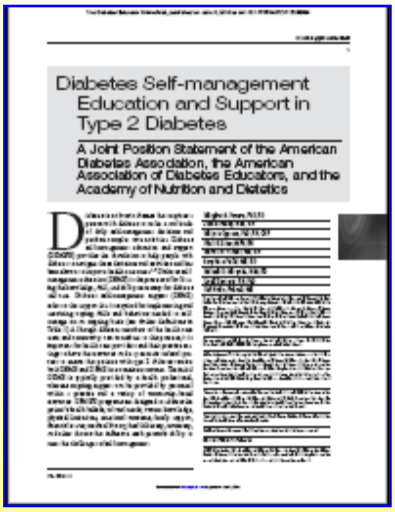
A Message from Kentucky Diabetes Partners

NEW Joint Position Statement from AADE, ADA and AND — *Hot off the Press!*

Published "Online First" June 5, 2015

The American Association of Diabetes Educators (AADE), the American Diabetes Association (ADA), and the Academy of Nutrition and Dietetics (AND) recently released a **Joint Position Statement** regarding ***Diabetes Self–Management Education (DSME) and Support (DSMS) in Type 2 Diabetes.***

The new position statement outlines when, how and what types of diabetes self-management education and support (DSME/S) should be provided for people with diabetes. It also highlights four critical times for assessing the need for a DSME/S referral: at diagnosis; on an annual basis; when new complicating factors influence self-management and, lastly, when transitions in care occur. The position statement also provides guidance on the type of information and support patients might need during these critical junctures.


Diabetes Self-management Education and Support in Type 2 Diabetes

A Joint Position Statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics

Joint Diabetes Position Statement, shown above, recently released.

The new position statement includes:

- **Guiding Principles and Key Elements of Initial and Ongoing Diabetes Education**
- **Sample Questions to Guide Patient Centered Care**
- **An Algorithm of Care.**

Check out all the details of the new joint position statement at: ***http://tde.sagepub.com/content/early/2015/06/05/0145721715588904.full***

If you would like to be added to the mailing list to receive this magazine, please contact: Kentucky Diabetes Connection, P.O. Box 309, Owensboro, KY 42302-0309 or Phone: 270-686-7747 ext: 3031 or Email: janice.haile@ky.gov

Kentucky Working To Expand Access to National Diabetes Prevention Programs across the State

Submitted in part by: Thursa Sloan, Public Health Director, Floyd County Health Department, Prestonsburg, KY

KY is embracing the National Diabetes Prevention Program (NDPP) and has begun a first step in providing training for new coaches to be able to implement the program.

The CDC-led National Diabetes Prevention Program (NDPP) is an evidence-based lifestyle change program for the prevention of type 2 diabetes. This proven program can help people with prediabetes and or at risk for type 2 diabetes cut their risk for developing type 2 diabetes by 58 percent.

The Floyd County Health Department along with the KY Department for Public Health Diabetes Staff, Theresa Renn and Janice Haile, coordinated the first in a series of *Diabetes Prevention Lifestyle Coach Trainings* to be held in KY. The first coaches training, hosted by the Floyd County Health Department in Prestonsburg, KY, was conducted by the Emory University Diabetes Training and Technical Assistance Center (DTTAC) and was held on May 28 and 29, 2015.

Seventeen participants, primarily representing local health departments from far western KY (Graves County) to far eastern KY (Floyd County), attended the Emory University program which will enable them to conduct the NDPP. NDPP is one strategy to combat the high prevalence of diabetes in Kentucky.

Dr. Gil Friedell, of the *Friedell Committee for Health System Transformation,* along with members of the Big Sandy Diabetes Coalition, went on record two years ago declaring diabetes an epidemic in the Big Sandy area. These newly trained NDPP coaches will work with folks with prediabetes or who are at risk of type 2 diabetes to delay or prevent the disease through lifestyle changes including healthy eating, activity, stress reduction, etc.

According to a January report from CDC, the KY number of enrollees for **DPP was 815,** which makes KY 10th in the nation in the greatest number of eligible DPP enrollees. That same CDC report showed KY as 4th in the nation *(4th place tie with Maryland and Michigan)* in the greatest number of NDPP "*CDC Recognized Organizations*".

With many different efforts toward expansion of NDPP organizations, training, and coverage — KY continues the push toward turning our diabetes numbers around!

New KY National Diabetes Prevention Program (NDPP) coaches, pictured above, recently attended a two day lifestyle coach training held May 28th and 29th hosted by the Floyd County Health Department.

Front row, left to right: Debbie Bell, Franklin Co.; Pastora Back, Montgomery Co.; Cynthia Hopper, Graves Co.; Chrystal Wilson, Ashland-Boyd; Bonnie Hale, Floyd Co.; Tami Froidcoeur, Emory Master Trainer; Bethany Tackett, Floyd Co.

Back row, left to right: Michelle Hill, Montgomery Co.; Lydia Phipps, Big Sandy Health Care; Lauren Lane, Jessamine Co.; Robin Thompson, Martin Co.; Alice Caudill, Ky River; Michelle Dicken, Clark Co.; Tracy Horn, Martin Co.; Elizabeth Harkins, Ky River; Tamatha Ratliff, Floyd Co.; and Ashley Wilks, Lawrence Co. Not pictured: Connie Meek, Johnson Co.

Local Health Departments Conducting Ongoing Statewide County Diabetes Assessments

In an ongoing effort to assess availability and increase public awareness and access to needed diabetes resources — a web-based *KY Diabetes Resource Directory* is in the process of being updated — thanks to the work of Kentucky's many diabetes partners and local health departments (LHD). LHD staff have been busy collecting and inputting information into the ***Directory*** as part of statewide county diabetes assessment efforts.

These ongoing county by county diabetes assessments are a work in progress and are resulting in outreach and collaboration among community partners involved in diabetes care and prevention such as physicians, pharmacists, hospitals, federally qualified health centers, accountable care organizations, YMCAs, and others.

Resources within the ***KY Diabetes Resource Directory*** are listed by county and are not unduplicated as a provider may provide services in more than one county. The ***Directory*** allows the public to search for the resources by county, adjacent counties, or the entire state.

The ***Directory*** is built to allow diabetes providers to "add or edit" their existing diabetes resources *(see red arrow in the screenshot of the **Directory** homepage below).* The ***KY Diabetes Resource Directory,*** unfortunately, does not include all possible diabetes resource categories and is currently being adapted to include diabetes self-management SUPPORT (DSMS) categories that would list KY resources like the ***Stanford Chronic Disease Self-Management Program***, the ***Joslin's On the Road Program*** and others. The ***KY Diabetes Resource Directory*** and the statewide diabetes assessments being conducted by LHD will be a continual work in progress.

As of June 16, 2015, the county diabetes assessments have resulted in the following numbers of resources being listed within the ***Directory*** in the specified categories listed in this article. The link to view all KY diabetes resources currently listed is: **https://prd.chfs.ky.gov/KYDiabetesResources/**.

Total KY Diabetes Resource Entries **755**
(as of June 16, 2015 — not unduplicated)

- **CDC-Recognized Diabetes Prevention Programs** **78**
- **Recognized or Accredited Diabetes Self–Management Education Programs (DSME)** **73**
- **Other DSME Taught by Licensed Health Professionals** **139**
- **Diabetes Self-Management SUPPORT (DSMS)** **1**
  (programs designed to be offered by unlicensed persons)
- **Diabetes Support Groups** **97**
- **Diabetes Specialists (Endocrinologists / Diabetologists)** **119**
- **Diabetes Coalitions** **58**
- **Medical Nutrition Therapy (MNT)** **190**

The Kentucky Diabetes Resource Directory, homepage screenshot pictured at left, is a web-based public diabetes directory.

The "Directory" is available for diabetes entities to "add or edit" (see red arrow in screenshot at left) their own diabetes resources within the existing categories.

https://prd.chfs.ky.gov/KYDiabetesResources/

Diabetes and Prediabetes Registries Utilized by Owensboro Health

Submitted by: Megan Woosley RN, BSN, NHA, Manager of Clinical Integration, Owensboro Health, Owensboro, KY

One hot and humid summer day, the French military leader Napoleon was marching with his soldiers. He realized that he desperately needed shade for his soldiers along the open roads. After some thought, Napoleon ordered that the French roadways be lined with trees to provide shade. One of the officers objected and pointed out that it would take decades for the trees to grow high enough to provide the needed shade. ***"Exactly, that is why we need to start planting them today,"*** Napoleon replied.

First Health Registry

When the first health registry at Owensboro Health became active in the spring of 2015, it was quite alarming and overwhelming to realize that more than 22,000 patients with diabetes existed within the health care system's population. It was even more disturbing to read projections from the Centers for Disease Control and Prevention in Atlanta that suggested as many as three times that number could have prediabetes.

A registry is an electronic database that allows organizations to focus on specific types of medical conditions or diagnosis. Registries allow clinicians to filter or "drill down" on certain criteria such as HgbA1C levels or patients with past due lab work.

Providers may have hundreds of patients with diabetes, so if you walk into a clinic and ask them which patients need extra attention and help to manage their diabetes, it can be nearly impossible to compose a list. A registry, however, allows clinicians to stratify their diabetes population to determine which patients may benefit from additional help and resources. **The leadership of Owensboro Health established in the fall of 2014 that the first health registry would track patients with diabetes. After seeing the positive impact of the diabetes registry, Owensboro Health has also added a prediabetes registry to the strategic plan as well.**

Diabetes Dashboard

Now, providers can glance at a dashboard to see what percentage of their patients are well-managed. They can also see a comparison to their colleagues' numbers. The registry allows the certified diabetes educators and registered nurse care navigators to better prioritize their outreach. Instead of relying solely on physician referrals, now members of the care team can identify high-risk patients at a glance and follow evidence-based protocols to assist their patients with diabetes. The care navigators are able to perform telephone triage with patients to determine barriers for the patient. The navigators can then work with the providers, diabetes educators, registered dietitians, pharmacists, or community resource agencies to help the patient overcome such barriers. The care navigators and diabetes educators help establish and document patient centric goals which are then viewable by all providers as well as the patient.

Targeting Communication with Diabetes Patients

One of the benefits of utilizing the registry includes being able to customize communications to patients. Owensboro Health utilizes the **Epic** electronic medical record product ***MyChart*** as a patient portal, where patients are able to access their records electronically as

Owensboro Health utilized a "Diabetes Registry" to contact people for a Daviess County Diabetes Coalition Celebrity Chef Event held May 12th at the Logsdon Community Center. Outreach using the "Diabetes Registry" resulted in over 125 participants of all ages and backgrounds attending.

DIABETES AND PREDIABETES REGISTRIES
(CONTINUED)

well as send messages to their care team or schedule appointments with their providers. Through **MyChart**, the Care Team is also able to send messages to individuals or groups of patients. Some messages may be general, like a recent invitation to attend the Harvest Market, a partnership with the Owensboro Regional Farmer's Market hosted at Owensboro Health Regional Hospital weekly during the summer, to promote good nutrition *(see example below)*.

Also, by utilizing the diabetes registry, Owensboro Health is able to send information to targeted patients as well. For example, when the Daviess County Diabetes Coalition recently hosted a ***Celebrity Chef Event*** with the Food Network's Curtis Aikens, invitations to the event were sent to all active ***MyChart*** diabetes patients. This type of usage helps Owensboro Health provide ongoing diabetes self-management support which is recommended within the national diabetes standards of care.

Additional examples of using the diabetes registry include sending information to patients above a targeted BMI about a weight loss program or about smoking cessation to all current smokers. The patient response to such communications has been very positive.

The Right Information to the Right Patient at the Right Time

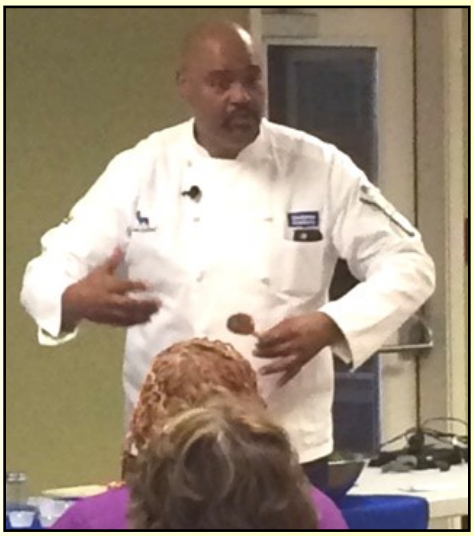
The overall goal is to provide the right information to the right patient at the right time. And though it may initially be very overwhelming to look at the sheer volume of patients, **as Napoleon said, "*that is exactly why we need to start today.*"**

For more information about using **Epic** to set up a patient "Diabetes" or "Prediabetes" registry, contact:

Megan Woosley RN, BSN, NHA
Manager of Clinical Integration
2211 Mayfair Ave, Suite 206
Owensboro KY 42301
270-688-4172

The Daviess County Diabetes Coalition Collaborated with Owensboro Health and Other Community Partners to Host a *Celebrity Chef Event* with Food Network's Chef Curtis Aikens on May 12 at Owensboro's Logsdon Community Center.

Owensboro Health Utilized Their "Diabetes Registry" to Notify Patients.



The Food Network's Chef Curtis Aikens, pictured above, offered cooking tips at a Daviess County Diabetes Coalition event held at the Logsdon Community Center in Owensboro, KY.

Chef Curtis Aikens, pictured 4th from the left, with Novo Nordisk assistants (left to right) Bill Hargett, Brandy McDaniel, RD, CDE Rian Sutherland, MS, RD, CDE, Chef Aikens, Casey Persohn, RD, CDE and Amy Mathena.

KY BOARD OF LICENSED DIABETES EDUCATORS

FREQUENTLY ASKED QUESTIONS

Kentucky Board of Licensed Diabetes Educators (KBLDE)
Frequently Asked Questions Document – January 27, 2015

I am a physician/nurse/etc. who provides diabetes education as a part of my job. Am I required to get a license in order to continue providing diabetes education?

If you are a licensed professional who provides diabetes education as part of your practice, such as a physician, nurse, pharmacist, dietitian, or nutritionist, you are not required to obtain a license from the KBLDE in order to continue to provide diabetes education. However, you cannot use the title "licensed diabetes educator" or a title substantially similar, like diabetes educator. (KRS 309.327)

If my professional license does not require me to become licensed as a diabetes educator, why would I want to?

Though it is not a requirement of the law (KRS 309:327), it is still important that those health professionals (eg. RNs, RDs, Pharmacists) currently practicing as diabetes educators become licensed. Professional licensure has numerous purposes: consumer protection, professional recognition and setting quality guidelines for the profession. Currently, payers may reimburse for the diabetes education service (DSMT) but they are not reimbursing the diabetes educator. Licensure may help to strengthen the profession and may lead to reimbursement for the qualified diabetes educator. Without this "legal" definition tied with licensure, diabetes educators will continue to be self-defined.

Additionally, those wanting to serve as supervisors for an Apprentice Diabetes Educator are required to have an active license as a Licensed Diabetes Educator.

Why do I need a license?

As a licensed diabetes educator, you will have a defined scope of practice. Legal scope of practice and licensure established through the state provides consumer protection and sets quality guidelines for the practice of diabetes education. In addition, licensure offers professional recognition and protection for the diabetes educator. As stated above, licensure may lead to more widespread reimbursement for diabetes education.

If I already have my CDE/BC-ADM, why do I need a license?

Both the CDE and BC-ADM are voluntary credentials. There is no legal scope of practice set forth by either of these credentials. A license defines the profession and legal scope of practice for the respective discipline.

I lead a diabetes support group or coordinate a diabetes coalition and I am not a health care professional. Do I need a diabetes educator license to continue my duties?

It is the opinion of the KBLDE that community coalitions or support groups are not considered diabetes self-management education and can continue to provide support and information. The scope of practice of Diabetes Education as defined in 201 KAR 45:160 is what a Diabetes Educator does. If the majority of what you are doing is included in this scope of practice, you may need to be licensed to do it. If what you are doing is not, then you may not need to be licensed.

What constitutes the practice of diabetes education?

Providing general information about diabetes is not practicing diabetes education. Diabetes education is providing and engaging in a comprehensive collaborative process to modify behavior and successfully self-manage diabetes. KRS 309.325 (2). The scope of practice for diabetes education can be found in the regulation 201 KAR 45:160 (**http://www.lrc.ky.gov/kar/201/045/160.htm**).

How does the board determine whether someone is practicing diabetes education?

The board will determine on a case by case basis based on the individual circumstances presented if someone is practicing diabetes education.

What is a Licensed Diabetes Educator (LDE)?

A LDE is a health professional who has a defined role as a diabetes educator. The LDE provides comprehensive diabetes education within the scope and practice of diabetes education as defined by the statutes and regulations set forth by KRS Chapter 309 and 201 KAR Chapter 45. This license is a minimum requirement to practice as a diabetes educator in the Commonwealth of Kentucky, although a LDE may also supervise certain individuals (**http://www.lrc.ky.gov/KRS/309-00/325.PDF**) who provide limited diabetes information. A Licensed Diabetes Educator may or may not be credentialed as

FREQUENTLY ASKED QUESTIONS CONTINUED...

a Certified Diabetes Educator (CDE) or Board Certified-Advanced Diabetes Manager (BC-ADM). Once licensed, you may call yourself a LDE. You will continue to gain knowledge and skills and may advance to the next level of a diabetes educator (CDE or BC-ADM).

What is a Master Licensed Diabetes Educator (MLDE)?

The creation of the Master Licensed Diabetes Educator acknowledges individuals' completion of an intense credentialing program and that they passed the examination of the American Association of Diabetes Educators or the National Certification Board for Diabetes Educators. These credentials are limited to specific healthcare providers and graduate degreed individuals. Although the Licensed Diabetes Educator will be able to perform all the duties the Master Licensed Diabetes Educator can perform, the title of Master Licensed Diabetes Educator acknowledges the additional preparation and expertise required for these credentials. Once licensed, you may call yourself a MLDE.

Who should apply for an Apprentice Diabetes Educator permit and why is a permit important?

Having the Apprentice Diabetes Educator permit is required to pursue a diabetes educator license to legally practice diabetes education while obtaining the work experience required for licensure as a diabetes educator. Without the category of Apprentice Diabetes Educator, the person would be practicing diabetes education without a license, thus violating the statutes. Therefore, while obtaining work experience you will be required to file an application and pay a fee.

Is there a fee for licensure or a permit?

The initial licensing and renewal fees for all license/permit types are $50.00 per year.

I have been certified as an Associate Diabetes Educator or a Diabetes Educator under the Career Path Certificate Program of the American Association of Diabetes Educators. May I practice diabetes education in Kentucky?

While the KBDLE fully supports pursuing a Career Path Program of the American Association of Diabetes Educators, it is not a substitute for compliance with Kentucky law. KRS 309.327 requires that persons wishing to practice diabetes education in Kentucky must still be an apprentice diabetes educator, licensed diabetes educator, or master licensed diabetes educator in order to practice diabetes education in Kentucky, unless otherwise exempted.

When do I need to renew my license?

All KBLDE licensees must renew their license by November 1 of each year, no matter when the license was issued.

What is a certified copy of my credential (CDE or BC-ADM) in good standing?

A copy of your certificate or wallet card or a letter from the credentialing body stating that you have passed is acceptable.

Why is an examination not required for licensure?

The KBLDE requested an opinion on this issue from our legal counsel with the Office of the Attorney General and the legal opinion follows:

"The statute as written does not give the Board authority to require an examination as a requirement for licensure. Pursuant to KRS 309.331, the Board has the general duty to carry out and enforce the statutes governing the practice of diabetes education. However, the General Assembly did not give the Board the authority to create or adopt an examination for licensure. In the absence of clear authority to act, it is interpreted that the authority was not intended to be given. In addition to lacking specific authority to create or adopt an examination, KRS 309.335 does not list an examination as a requirement for licensure."

- It is of the opinion of the KBLDE that the regulations submitted related to the supervised practice experience and a board approved course will be sufficient to assure that the licensed diabetes educator will have the minimum competency required to practice. The supervised practice experience and the course will be further defined in the regulatory process.

For more information:
http://bde.ky.gov or contact
Jennifer Hutcherson 502-564-3296 ext. 226
Jennifer.Hutcherson@ky.gov

NEW INSULIN THERAPY: *TOUJEO® SOLOSTAR (INSULIN GLARGINE INJECTION) U-300*

Tina Claypool

Submitted by: Tina Claypool, PharmD, CDE; KentuckyOne Health / University Hospital, Louisville, KY

Millions of patients living with diabetes have new medication therapy and device options available. As novel and complex therapies emerge, it is important that prescribers, pharmacists, and diabetes educators remain current with products and formulations to help patients achieve safe and effective glycemic control. In February of this year, Toujeo SoloSTAR (insulin glargine injection) U-300 joined the market of available insulin analogs. Toujeo, pronounced "too-jay-o", is a long-acting human insulin analog indicated to improve glycemic control in adults with diabetes mellitus.

DOSAGE

Toujeo is indicated for treatment of adults with type 1 and type 2 diabetes mellitus. It is to be administered subcutaneously once daily at the same time each day. Toujeo is contraindicated during episodes of hypoglycemia and in patients hypersensitive to insulin glargine or any of its excipients. It is not recommended for treating diabetic ketoacidosis.

Toujeo SoloSTAR is a disposable prefilled insulin pen that contains 450 insulin units of insulin glargine and has a maximum single injection dose of 80 IU. Toujeo contains a higher concentration (300 units per mL) of the same active ingredient, insulin glargine, as Lantus. With more insulin products and concentrations available, it is extremely important to remind patients and caregivers to always verify the insulin label before each injection.

When switching from another once daily long-acting insulin to Toujeo, the starting dose of Toujeo can be the same as the once daily long-acting dose. If converting from twice-daily NPH insulin to once-daily Toujeo, the recommended starting Toujeo dose is 80% of the total daily NPH dosage. To minimize the risk of hyperglycemia and hypoglycemia when switching patients to Toujeo, blood glucose should be frequently monitored in the first weeks of therapy. The manufacturer recommends that Toujeo be titrated per instructions and the dose of other glucose lowering therapies per standard of care.

It is important to note that steady-state insulin concentrations are not achieved until 5 days of once daily Toujeo SQ administration. Additionally, pharmacodynamic and pharmacokinetic studies of Toujeo demonstrated that after 8 days of daily injection, once at steady state, the 24 hour glucose lowering effect of Toujeo was approximately 27% lower with a different distribution profile than that of an equivalent dose of Lantus. Due to the longer time to reach steady-state and potential increased glucose lowering effect with Toujeo, prescribers may not use the typical up-titration when initiating and adjusting Toujeo.

Toujeo is only available as 300 units/mL insulin glargine in 1.5 mL SoloStar disposable prefilled pen device in packages of 3 and of 5 pens. No vial formulation of Toujeo is available and pen needles are not included in Toujeo SoloStar packs.

STORAGE

Toujeo SoloSTAR pens are stable up to 28 days after first use. New pens are to be refrigerated between 36-48ºF. Pens should be kept at room temperature for at least 1 hour prior to first injection and remain at room temperature until empty or expired

TOUJEO® SOLOSTAR (INSULIN GLARGINE INJECTION) U-300 PICTURED ABOVE

TOUJEO® CONTINUED…

(28 days). Patients should complete a "safety test" prior to each injection to ensure they receive the correct insulin dose and that the pen and needle are working properly. Pens should be stored with the pen cap on and not with pen needles attached. Toujeo may be injected subcutaneously in the upper arms, stomach, and thighs. The injection button should be held in during injection and for an additional count of 5 before releasing the injection button and removing the needle from the skin.

SIDE EFFECTS

The most common side effect of any insulin, including Toujeo, is low blood sugar (hypoglycemia), which can be life threatening. Careful monitoring of blood glucose levels is important to avoid hypoglycemic events. Other common adverse reactions associated with Toujeo include allergic reactions, injection site reactions, pruritis, rash, edema and weight gain. As with other insulin, concomitant use of thiazolidinedione's can result in fluid retention which can lead to or exacerbate heart failure. Patients should be advised to notify their provider if they experience swelling or weight gain while taking Toujeo in combination with a thiazolidinedione.

CLINICAL TRIALS

Adult Patients with Type 1 Diabetes:

In an open-label, controlled trial, 546 patients with type 1 diabetes were randomized to basal-bolus treatment with Toujeo or Lantus and treated for 26 weeks. Toujeo and Lantus were administered once daily in the morning or in the evening along with a mealtime insulin analogue administered before each meal. At the end of the trial, Toujeo treatment provided a mean HbA1c reduction of 0.4%, which met non-inferiority. Patients treated with Toujeo used 17.5% more basal insulin than patients treated with Lantus.

Adult Patients with Type 2 Diabetes:

In a 26-week, open-label, controlled study, 804 adults with type 2 diabetes were randomized to once daily treatment in the evening with either Toujeo or Lantus. Short-acting mealtime insulin analogues with or without metformin were also administered. After 26 weeks, Toujeo treatment provided a mean HbA1c reduction of 0.4% compared to Lantus, meeting non-inferiority margin. Patients treated with Toujeo used 11% more basal insulin than those treated with Lantus.

In two open-label, controlled studies, 1,670 adults with type 2 diabetes mellitus were randomized to either Toujeo or Lantus once daily for 26 weeks as part of a regimen of combination therapy with non-insulin anti-diabetic drugs. Within this group, 808 patients were treated with basal insulin for more than 6 months and 862 patients were insulin -naïve.

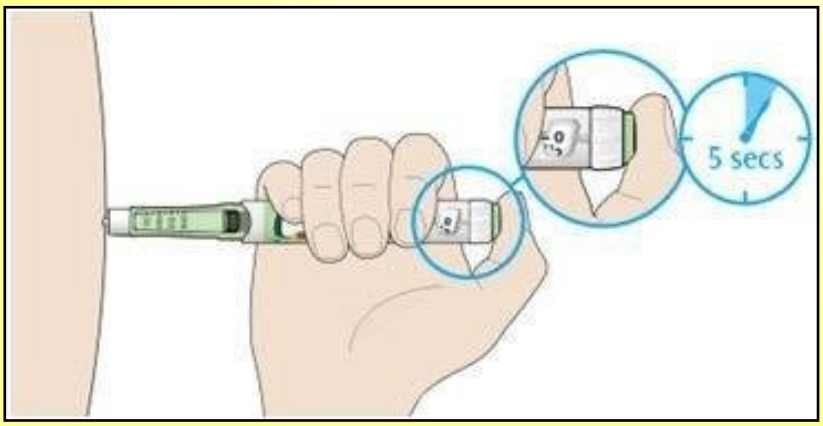
- After 26 weeks, the 808 patients who had received basal insulin for more than 6 months and then received treatment with Toujeo, saw a mean reduction in HbA1c of 0.4% compared to Lantus, meeting non-inferiority margin. Patients treated with Toujeo used 12% more basal insulin than patients treated with Lantus.
- For the 862 insulin-naïve patient, treatment with Toujeo provided a mean reduction in HbA1c that met non-inferiority margin compared to Lantus. Patients treated with Toujeo used 15% more basal insulin than patients treated with Lantus.

PATIENT SUPPORT

https://coach.toujeo.com/support
Call: 1-844-486-8536
Text: "Enroll" to 300400/

Sanofi currently offers the Toujeo Savings Card that will allow patients to pay no more than $15 per month for the first 12 months.
https://www.toujeo.com/savings

Reviewed by: Carrie Isaacs, PharmD, CDE, KY Diabetes Connection Medication Coordinator



Toujeo® SoloSTAR (insulin glargine injection) U-300, pictured at left, illustrates how the injection button should be held in during the injection and for an additional count of five (5) seconds before releasing the injection button and removing the needle from the skin.

New Insulin Therapy: *Afrezza (insulin human) Inhalation Powder*

Tina Claypool

Submitted by: Tina Claypool, PharmD, CDE; KentuckyOne Health, Louisville, KY

Inhaled insulin is not new to the diabetes medication family. In 2007, Pfizer removed its inhaled insulin, Exubera, from market after this inhaled insulin did not find its place into glycemic control therapy —most likely due to safety concerns and the continued need for injectable insulin to control blood sugars.

Sanofi recently launched MannKind Corporation's Afrezza, a rapid-acting inhaled insulin indicated to improve glycemic control in adult patients with type 1 and type 2 diabetes mellitus. Although, Afrezza is not a substitute for long-acting insulin, the option for patients to use mealtime insulin without needles is an attractive alternative to injectable mealtime insulin. Afrezza® must be used in combination with long-acting insulin in patients with type 1 diabetes, and it is not recommended for the treatment of diabetic ketoacidosis, or in patients who smoke, and those who have recently stopped smoking (less than 6 months). Afrezza's fast absorption, onset of action, and short duration can help control post-prandial blood sugar spikes with minimal risk of hypoglycemia between meals.

Dosage

Afrezza should be administered via oral inhalation using the Afrezza inhaler at the beginning of a meal. Insulin naïve patients should start with 4 units Afrezza at each meal. Those using subcutaneous mealtime insulin will convert the injected insulin dose to the appropriate Afrezza dose per meal by using the Afrezza dose conversion table. If the required dose is greater than 8 units, more than one cartridge will be needed.

Afrezza is available as 4 unit (blue) and 8 unit (green) single-use cartridges and must be used with the Afrezza inhaler, which must be replaced every 15 days. Patients may call 1-800-633-1610 if they are having any problems with their inhaler or if it breaks and needs replacement.

Patient instructions for use and storage may be found at: http://products.sanofi.us/afrezza/afrezza.pdf

Side Effects

The most common adverse reactions associated with Afrezza in clinical trials were hypoglycemia, cough, and throat pain or irritation.

Afrezza is contraindicated in patients with chronic lung disease such as asthma or chronic obstructive pulmonary disease (COPD) and patients with hypersensitivity to regular human insulin or any Afrezza excipients. Afrezza has not been studied in pregnancy, nursing mothers, or patients under the age of 18. Before initiating Afrezza, patients must undergo a detailed medical history, physical exam, and spirometry (FEV1) to identify potential lung disease. Due to the severe risk of acute

Use the dosage chart below to determine the least number of AFREZZA® cartridges you can use for your dose. Other cartridge combinations can be used.

AFREZZA® Dose	# of **4 unit** (blue) cartridges needed	# of **8 unit** (green) cartridges needed
4 units		
8 units		
12 units	+	
16 units		
20 units	+	
24 units		

Photo at Left: illustrates patient tool showing various Afrezza dosing options.

AFREZZA CONTINUED….

bronchospasm in patients with chronic lung disease, Afrezza has a ***Boxed Warning*** advising that acute bronchospasm has been observed in patients with asthma and chronic obstructive pulmonary disease (COPD). The FDA approved Afrezza with a Risk Evaluation and Mitigation Strategy (REMS), which includes a communication plan to inform health care professionals of the serious risk of acute bronchospasm associated with Afrezza.

http://www.afrezzarems.com/Documents/US.HUM.14.10.010%20(Factsheet).pdf

Afrezza has been shown to decrease pulmonary function and requires baseline, 6 month, followed by annual pulmonary function testing with spirometry. Spirometry testing may be needed more frequently for patients who demonstrate pulmonary symptoms such as wheezing, bronchospasm, difficult breathing, or cough. Afrezza should not be used in patients with active lung cancer, patients who smoke, or those who have recently quit smoking.

CLINICAL TRIALS

Afrezza's safety and effectiveness were evaluated in a total of 3,017 participants (1,026 type 1 and 1,991 type 2). The efficacy of Afrezza in type 1 adult diabetes patients was compared to mealtime insulin aspart, both in combination with basal insulin in a 24 week study. At week 24, treatment with basal insulin and mealtime Afrezza provided an average reduction in HbA1c that met the pre-specified non-inferiority margin of 0.4 percent. Afrezza provided less HbA1c reduction than insulin aspart, and the difference was statistically significant.

Afrezza was also studied in adults with type 2 diabetes in combination with oral antidiabetic medications. The efficacy of mealtime Afrezza in type 2 diabetes patients was compared to placebo inhalation in a 24 week study. At week 24, treatment with Afrezza plus oral antidiabetic drugs provided a mean reduction in HbA1c that was statistically significantly greater compared to the HbA1c reduction observed in the placebo group (-0.82 vs. -0.42).

The FDA is requiring the following post-marketing studies for Afrezza:

- clinical trial to evaluate pharmacokinetics, safety and efficacy in pediatric patients;
- clinical trial to evaluate the potential risk of pulmonary malignancy with Afrezza (this trial will assess cardiovascular risk and the long-term effect of Afrezza on pulmonary function);
- two pharmacokinetic-pharmacodynamic euglycemic glucose-clamp clinical trials, one to characterize dose-response and one to characterize within-subject variability.

Afrezza's cash prices are comparable to Apidra®, Novolog® and Humalog® insulin pens. To assist patients while insurance companies determine coverage of Afrezza, Sanofi is offering coupons which allow the first month of Afrezza to be free to patients and refills to cost the patient no more than $30. https://www.activatethecard.com/7055

Reviewed by Carrie Isaacs, PharmD, CDE, KY Diabetes Connection Medication Coordinator.

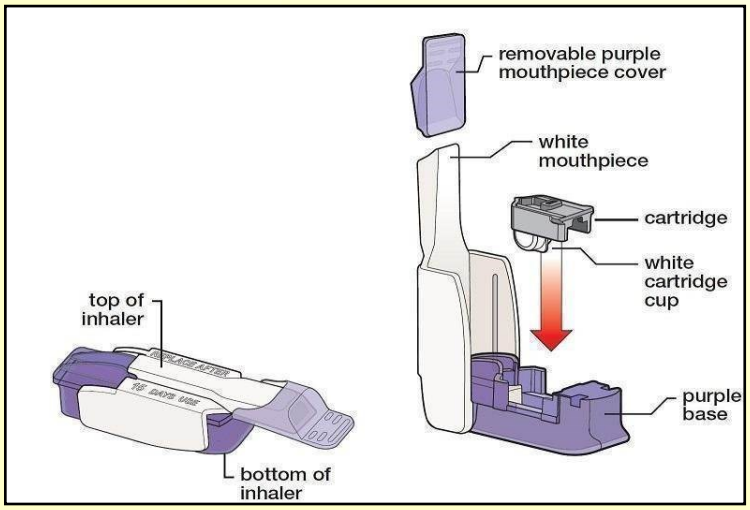


Photo at left: demonstrates insertion of Afrezza cartridges into the inhalation device.
Photo above: demonstrates the size of the Afrezza inhalation device.

Medicare Diabetes Prevention Act Introduced in Congress

Gary Dougherty

Submitted by: Gary Dougherty, Associate Director, State Government Affairs for the American Diabetes Association (ADA)

April 29 was a very important day in our efforts to PREVENT DIABETES!

Senators Al Franken (D-MN) and Susan Collins (R-ME) and Representatives Susan Davis (D-CA) and Peter King (R-NY) introduced the ***Medicare Diabetes Prevention Act*** **(S. 1131/H.R. 2102).** More than forty state and national organizations have endorsed this bipartisan legislation which provides coverage for the **National Diabetes Prevention Program (National DPP)** to Medicare beneficiaries at high risk of developing type 2 diabetes. Currently, half of all Americans age 65 and older have prediabetes and are at risk for developing type 2 diabetes. In addition, an estimated 11.2 million Americans over age 65 have been diagnosed with diabetes, a figure that will continue to increase if we do not act to prevent diabetes in this population. Providing coverage of the **National Diabetes Prevention Program** through the Medicare program will help reduce the number of beneficiaries who develop type 2 diabetes and its dangerous and costly complications, including cardiovascular disease, stroke, blindness, lower-limb amputation and kidney disease.

The program originated from the successful **Diabetes Prevention Program (DPP)** clinical trial carried out by the National Institute of Diabetes and Digestive and Kidney Diseases at the National Institutes of Health. The clinical trial found individuals with prediabetes can reduce their risk for type 2 diabetes by 58 percent with lifestyle changes including improved nutrition, increased physical activity and weight loss of 5-7 percent. The results were even stronger for seniors. Participants over the age of 60 reduced their risk for type 2 diabetes by 71 percent. Further research translating the clinical trial to a community setting showed these results can be replicated in a group for a cost of about $300-$400 per participant.

Diabetes is an expensive epidemic, costing our country $322 billion annually. We cannot ignore the need to rein in healthcare costs while improving our nation's health. What's more, people with diabetes already account for one third of Medicare spending. Simply put, these increasing costs are unsustainable and we must act now to reverse the diabetes epidemic.

The National Diabetes Prevention Program is based on an effective low-cost community model and providing coverage of this program through Medicare will help move us closer to stopping this epidemic. It has been estimated that the legislation will save $1.3 billion over 10 years.

TAKE ACTION NOW!

As of June 3, there were 11 co-sponsors of the Medicare Diabetes Prevention Act in the Senate (S. 1131) and five co-sponsors in the House of Representatives (H.R. 2012). Unfortunately, at that time, there had been no one from Kentucky's delegation who had signed on as a co-sponsor of this important legislation. **You may wish to contact Senator Mitch McConnell and Senator Rand Paul as well as your own U.S. Representative to urge them to co-sponsor the *Medicare Diabetes Prevention Act* in their respective chambers.**

You can find contact information for the six members of Kentucky's delegation to the U.S. House of Representatives as well as for Senators McConnell and Paul by **visiting** http://www.contactingthecongress.org/cgi-bin/newseek.cgi?site=ctc2011&state=ky (*chart shown below).*

You might also send an email using the American Diabetes Association's action alert (http://bit.ly/1M4CaJF) to tell your federal legislators that America's seniors deserve better access to tools to prevent diabetes and ask that they co-sponsor the *Medicare Diabetes Prevention Act* today!

Residents of Kentucky are represented in Congress by 2 Senators and 6 Representatives.

Member Name	DC Phone	DC FAX	Contact Form
Senator Mitch McConnell (R- KY)	202-224-2541	202-228-1374	http://www.mcconnell.senate.gov/public/index.cfm?p=Co ...
Senator Rand Paul (R- KY)	202-224-4343		http://www.paul.senate.gov/connect/email-rand
Representative Ed Whitfield (R - 01)	202-225-3115	202-225-3547	https://whitfield.house.gov/contact/email-me
Representative Brett Guthrie (R - 02)	202-225-3501	202-226-2019	http://brettguthrieforms.house.gov/contact/
Representative John Yarmuth (D - 03)	202-225-5401	202-225-5776	http://yarmuth.house.gov/index.cfm?sectionid=124§ ...
Representative Thomas Massie (R - 04)	202-225-3465	202-225-0003	http://massieforms.house.gov/contact/
Representative Hal Rogers (R - 05)	202-225-4601	202-225-0940	https://halrogers.house.gov/contact/contactform.htm
Representative Andy Barr (R - 06)	202-225-4706	202-225-2122	https://barr.house.gov/contact/email-me

KY Coordinating Body (CB) Report

Kelly Dawes, RN, BSN, CDE, MLDE

Submitted by Kelly Dawes, RN, BSN, CDE, MLDE, KY Coordinating Body (CB) 2015 Volunteer Leader

The Kentucky Coordinating Body (CB) of the American Association of Diabetes Educators (AADE), comprised of local networking group (LNG) members of GLADE, TRADE and KADE, along with DECA continues to conduct conference calls and is planning two face-to-face meetings this year.

KY CB Conference Calls / Activities

Recent KY AADE Coordinating Body activities have included:

- **Paid for early bird registrations** for each KY LNG Leader (or designated person) to represent their LNG and attend the AADE Annual Meeting in New Orleans, August 5 – 8.
- **Developed policies and procedures** in relationship to CB monies which include a ***Travel Reimbursement Policy***. The policy has been posted on the **MY AADE NETWORK**, go to the KY page and click on *"download resources"*.
- **Discussions were held with Q-Source**, the Centers for Medicare and Medicaid Services (CMS) Quality Innovation Network-Quality Improvement Organization (QIN-QIO) regarding their ***Everyone with Diabetes Counts (EDC)*** initiative. A conference call was held with Nancy Semrau and Cindy Todd who are Quality Improvement Advisors. Discussions included the role of the Community Health Worker (CHWs) in diabetes self-management education utilizing the Diabetes Empowerment Education Program (DEEP). Discussions also included ways Q-Source could collaborate with KY diabetes educators.
- The KY CB continues to closely monitor current activities related to the **state licensure for diabetes educators** as well as AADE's career path program for "**Associate Diabetes Educators".** The KY CB formed a committee to recommend communications with KBLDE (Kentucky Diabetes Licensure Diabetes Educator) and AADE.

Face-to-Face Meetings

The KY CB face-to-face meetings have been tentatively scheduled to follow the AADE CB and COI Networking Reception event on August 4 and again on November 5 (the day before the Statewide Diabetes Symposium).

AADE Public Policy Forum

Betty Bryan (GLADE) recently attended the 2015 AADE Pubic Policy Forum in Washington, DC, June 15 – 16. She met with our state representatives to have a voice with members of Congress to address issues concerning diabetes. One of the main areas diabetes educators advocated for included:

The Access to Quality Diabetes Education Acts
H.R. 1726 /S. 1345

The "Access to Quality Diabetes Education Acts," Amends title XVIII (Medicare) of the Social Security Act to recognize state-licensed or registered certified diabetes educators or state-licensed or registered health care professionals who specialize in teaching individuals with diabetes to develop the necessary skills and knowledge to manage the individual's diabetes and are certified as a diabetes educator by a recognized certifying body. Directs the Comptroller General (GAO) to study the barriers that exist for Medicare beneficiaries with diabetes in accessing diabetes self-management training services under the Medicare program. Requires the Director of the Agency for Health Care Research and Quality of the Department of Health and Human Services (HHS) to develop a series of recommendations on effective outreach methods to educate primary care physicians and other health care providers as well as the public about the benefits of diabetes self-management training.

For more information or questions regarding the activities of the CB, contact Kelly Dawes at kellyr.dawes@ky.gov .

Congratulations KADE! Successful Workshop Held May 29 in Lexington!

KADE Workshop Planning Committee pictured left to right include: Stacy Griffin, Laura Hieronymus, Dee Sawyer, Diane Ballard, Dana Graves, Janey Wendschlag, and Kelli Henderson.

ATOM ALLIANCE, KENTUCKY'S QIN-QIO: *EVERYONE WITH DIABETES COUNTS*

Nancy Semrau

Nancy Semrau, RN BSBA, MHI, CHTS-CP, Quality Improvement Advisor with Q-Source, the Centers for Medicare and Medicaid Services (CMS) Quality Innovation Network-Quality Improvement Organization (QIN-QIO)

Nearly one-third of adults 65 years and older in the United States have diabetes, according to the National Institutes of Health. It is the most common cause of blindness, kidney failure, and amputations in adults and a leading cause of heart disease and stroke. Diabetes self-management education (DSME) is a proven intervention for empowering people with diabetes (and their family or caregivers) to acquire the knowledge and skills necessary to effectively engage with their health care providers and to improve the quality of their lives.

Quality Innovation Network – Quality Improvement Organizations (QIN-QIOs), such as atom Alliance in Kentucky, are collaborating with various organizations to provide DSME classes. These free classes called ***Everyone with Diabetes Counts*** are targeted to Medicare beneficiaries living with diabetes and prediabetes and offer an opportunity to participate in sessions that will teach them more about controlling, preventing, or delaying diabetes. Families and caregivers of people with diabetes and prediabetes are also encouraged to attend the classes.

Ethnic and racial minorities, as well as residents in rural areas, have a higher prevalence of diabetes. Although all Medicare beneficiaries with diabetes or pre-diabetes are welcome to attend DSME classes, we are especially focusing education toward the following populations.

- African-American
- Hispanic/Latino
- American Indian/Native American
- Asian/Pacific Islander
- Any race/ethnicity living in rural areas

The DSME classes are two-hour sessions held once a week for six weeks and are designed to:

- **Educate** beneficiaries on how to best control their blood sugar, blood pressure and cholesterol levels;
- **Empower** beneficiaries to establish relationships with primary care providers;
- **Encourage** better nutrition and regular exercise;
- **Encourage** lifestyle changes that lead to the reduction in the number of limb amputations and other complications; and
- **Express** the importance of developing support networks of family, friends, and existing community-based social services.

These classes are not intended to replace the reimbursable Medicare DSMT (diabetes-self management training) benefit, but rather act as another source of general patient education for beneficiaries Medicare would especially like to reach out to in this initiative. During the classes, participants are encouraged to talk to their healthcare provider about the possibility of seeing a Certified Diabetes Educator for more specific tailored education. Medicare beneficiaries can take advantage of both the DSMT benefit, if qualified, and the free ***Everyone with Diabetes (EDC)*** DSME classes.

In addition to the free ***EDC*** DSME classes, Medicare is interested in increasing the number of Certified Diabetes Educators and certified diabetes education sites across the nation. The QIN-QIO will also be promoting, to participating healthcare providers, Medicare DSMT and Medical Nutrition Therapy benefits, and improvement in Medicare claims and clinical utilization measures for HbA1c, Lipids, Eye Exam, Foot Exam, Weight, and Blood Pressure.

If you are interested in partnering with Q-Source in this project, please contact Nancy Semrau, QI Advisor, nancy.semrau@area-g.hcqis.org.

Goals of Medicare QIN-QIO Work 2014—2019

- Improve Cardiac Health
- Reduce Disparities in Diabetes Care
- Improve Prevention Coordination through Meaningful Use (MR) of Health Information Technology (HIT)
- Collaborate with Regional Extension Centers (RECs)
- Reduce Healthcare Associated Infections (HAIs)
- Improve Mobility and decrease Healthcare Acquired Conditions (HACs) in Nursing Homes
- Continue and create Coordination of Care Community Coalitions

Formed as a partnership between three leading healthcare consultancies, Atom Alliance is working undercontract to the Centers for Medicare & Medicaid Services (CMS) throughout Alabama, Indiana, Kentucky, Mississippi, and Tennessee to improve quality and achieve better outcomes in health and healthcare and at lower costs for the patients and communities we serve. Learn more at www.atomAlliance.org.

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

atom
Alliance for Powerful Change™

National Health Information Survey (NHIS) Early Release Diabetes Reports

Taken from CDC Email 5-27-15 Early Release of Selected Estimates Based on Data From the National Health Interview Survey, January–September 2014

The following charts and information related to the National Health Information Survey (NHIS) were recently released "early" from CDC. Informational charts related to diabetes are printed here. To see additional charts and for complete information regarding the NHIS reports, please visit http://www.cdc.gov/nchs/nhis/releases.htm.

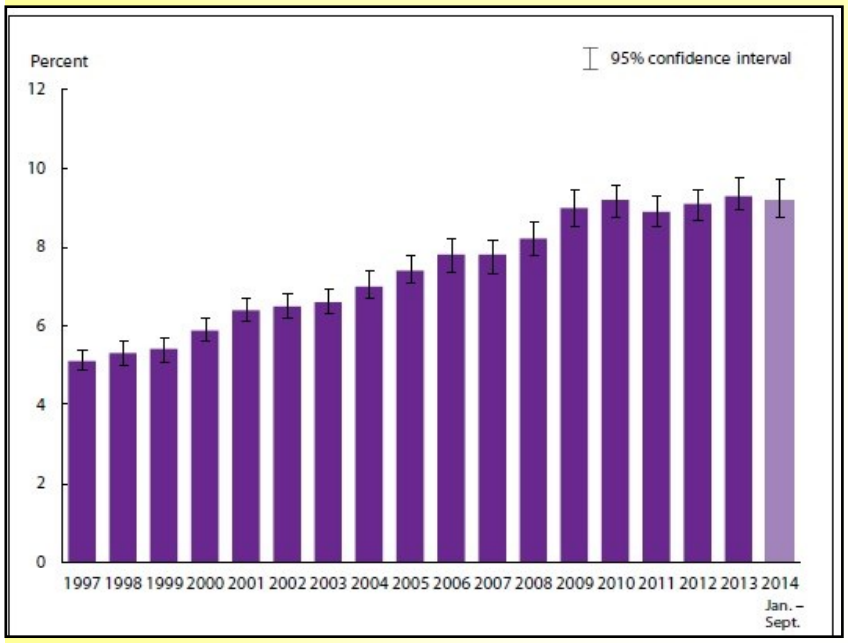


Figure 14.1 Prevalence of diagnosed diabetes among adults aged 18 and over: United States, 1997-September 2014

NOTES: Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of diagnosed diabetes is based on self-report of ever having been diagnosed with diabetes by a doctor or other health professional. Persons reporting "borderline" diabetes status and women reporting diabetes only during pregnancy were not coded as having diabetes in the analyses. The analyses excluded persons with unknown diabetes status (about 0.1% of respondents each year).

DATA SOURCE: CDC/NCHS, National Health Interview Survey, 1997–September 2014, Sample Adult Core component.

- For January–September 2014, 9.2% (95% confidence interval = 8.75%–9.71%) of adults aged 18 and over had ever been diagnosed with diabetes. This percentage was not significantly different from the 2013 estimate.
- The prevalence of diagnosed diabetes among adults aged 18 and over increased from 5.1% in 1997 to 9.3% in 2013.

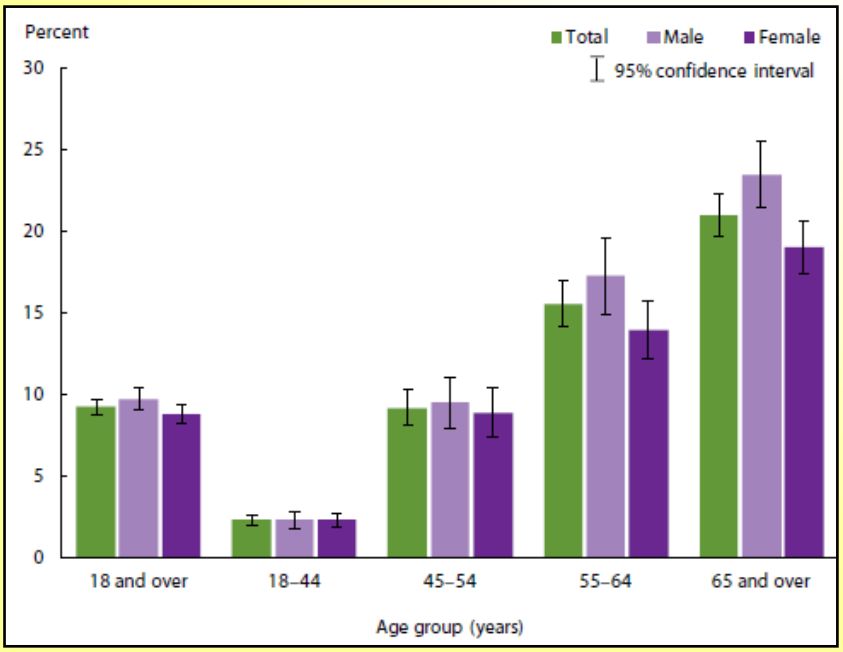


Figure 14.2 Prevalence of diagnosed diabetes among adults aged 18 and over, by age group and sex: United States, January–September 2014

NOTES: Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of diagnosed diabetes is based on self-report of ever having been diagnosed with diabetes by a doctor or other health professional. Persons reporting "borderline" diabetes status and women reporting diabetes only during pregnancy were not coded as having diabetes in the analyses. The analyses excluded the <0.1% of persons with unknown diabetes status.

DATA SOURCE: CDC/NCHS, National Health Interview Survey, January–September 2014, Sample Adult Core component.

- For both sexes combined, the prevalence of diagnosed diabetes increased with age. Adults aged 65 and over (21.0%) were more than nine times as likely as those aged 18–44 (2.3%) to have been diagnosed with diabetes.
- For adults aged 18 and over and the age groups 55–64 and 65 and over, the prevalence of having been diagnosed with diabetes was higher among men than among women.

Free and Nearly Free Online CEU's

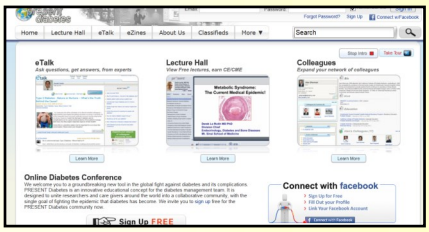
Submitted by Kathy Crown-Weber, RD, CDE, Mercer County Health Department , Harrodsburg, KY

Health professions licensed in Kentucky require a significant number of continuing education hours. While there are numerous fee-based workshops and seminars available within driving distance, web-based continuing education can often be earned for no fee at all or at a minimal cost.

In the past year, at least two previously free continuing education sites are phasing out free ceu's and phasing in minimal cost educational opportunities.

For example, *Present Diabetes* has established a series of credits to help those who have used the site in the past get acclimated to the new lecture shopping cart. For starts, you will get a free $20 credit for signing up with existing accounts getting this credit automatically. Next, you get a $20 credit for completing a profile and a free $20 credit for connecting to a Facebook account. These $60 in free credits will get you at least 3 hours of continuing education (CE). The web address is www.presentdiabetes.com.

www.presentdiabetes.com offers $20 credits for Diabetes CE



Another site, ce.nurse.com is offering unlimited ceu's for $49.95/year, with all state requirement courses offered for free. This site does continue to offer numerous free ceu's, but the most interesting and newest offerings have been segregated into the pay-for-ceu list. This pricing scheme could be worthwhile if last minute ceu's are needed and time is running out.

ce.nurse.com website offers FREE CE

Artificial Pancreas Advancements

JDRF IMPROVING LIVES. CURING TYPE 1 DIABETES. Kentucky Chapter

Jeramie Irwin

Submitted by: Jeramie Irwin, Outreach and Development Manager, JRDF Kentucky and Southern Indiana Chapter, Louisville, KY

The Juvenile Diabetes Research Foundation's (JDRF) Artificial Pancreas (AP) Program supports the development of novel technologies that deliver more effective and precise insulin therapy. These automated systems will provide tighter control of blood-sugar levels and significantly reduce the need for frequent glucose testing and manual insulin dosing.

Researchers at the University of Virginia (UVA) have been working for nearly a decade to turn a novel concept called the artificial pancreas (AP) system into working medical technology by adding automation to the pump that will help reduce the blood glucose fluctuations for people living with Type 1 diabetes (T1D).

Their work has resulted in the creation of the Diabetes Assistant (DiAs), an experimental AP system that in clinical trials proved capable of providing tight, around-the-clock control over blood-sugar levels.

The DiAs approximates the operation of a normal human pancreas by combining a continuous glucose monitor (CGM) along with an insulin pump and an algorithm that anticipates blood-sugar levels and automates delivery of the appropriate amount of insulin and, potentially, other key hormones.

The complete results of their long-term six-center trial assessing real-world use were recently released. For information about JDRF's Artificial Pancreas program, go to: http://jdrf.org/research/treat/artificial-pancreas-project/ .

JDRF supports UVA's closed loop system to make people's lives with T1D a little easier. The system has come quite far in a short amount of time and it is our hope that the system moves swiftly toward commercialization and into the hands of those with T1D.

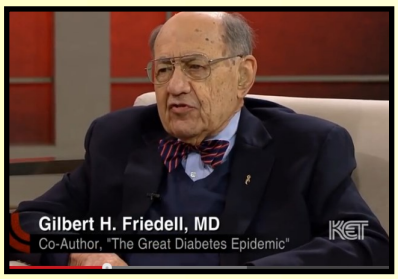
HAVE YOU HEARD?

KDN's New Website — Oh What You Can Find!

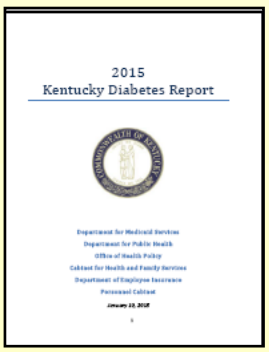
http://www.kydiabetes.net/

Click on NEWS AND REPORTS

Find Video Clips of KY Commissioner Joe Cowles Discussing KYCoverage of the National Diabetes Prevention Program



Dr. Gil Friedell discussing the Diabetes Epidemic on KET's Renee Shaw Show



2015 Kentucky Diabetes Report to the Legislature

AND MORE!

Three New CDC Diabetes Infographics Now Available

DIABETES IN THE U.S.

http://www.cdc.gov/diabetes/pubs/statsreport14/diabetes-infographic.pdf

PREDIABETES IN THE U.S.

http://www.cdc.gov/diabetes/pubs/statsreport14/prediabetes-infographic.pdf

NATIONAL DIABETES PREVENTION PROGRAM

http://www.cdc.gov/diabetes/prevention/pdf/NDPP_Infographic.pdf

American Association of Diabetes Educators

AADE Webinars:

Webinars take place from 1-2:30 pm eastern time and offer 1.5 hours CE credit, unless otherwise noted.

July 22 - Nutrition: Focus on Sweeteners
August 19 - Latest Development in Insulin Therapy

For a full list of offerings and to register visit:

https://www.diabeteseducator.org/ProfessionalResources/products/webinars.html

July 15, 2015
Rockcastle County High
Mt. Vernon, KY

Register and Pay online at :
www.soahec.org/cecme.html
Advance Registration Deadline: June 30, 2015

Hotel Information:
National Heritage Inn & Suites (606) 256-8600
www.renfrovalleyheritageinn.com

- **Mention that you are with the AHEC to receive the block rate of $49.95 plus tax.**
- **Continuing Education Credits offered on a per lecture basis.**
- **A maximum of 6 hours credit will be awarded.**

Corbin Symposium — October 23, 2015
Contact Anna Jones at
southernkyahec@soahec.ccsend.com

Diabetes Education Offerings

SAVE the DATE

Diabetes Care Seminar for Nurses and other Health Care Professionals

October 28, 2015
Johnson Hall—Deaconess Hospital
Evansville, IN

8:00 AM—4:00 PM
(Registration begins at 7:30 AM)
GEM: Glucose Elevation Matters

Registration available online:
www.deaconess.com

Deaconess

TRADE
Tri-State Association of Diabetes Educators

ST. MARY'S

Kentucky Statewide Diabetes Symposium 2015

Mark Your Calendar
Friday, November 6, 2015
Marriott East, Louisville, KY

Online brochures and registration will be available in early August!

For more information please contact:
Julie.shapero@nkyhealth.org
859-363-2116
OR
Janice.haile@ky.gov 270-686-7747 ext. 3031

Nurses, Dietitians, and Pharmacists earn CEUs. Certified Diabetes Educators earn hours toward certification.

KADE Diabetes Educator Meetings Scheduled

The Kentucky Association of Diabetes Educators (KADE), *(covers Lexington and Central Kentucky)*, meets quarterly *(time & location vary)*. For a schedule or more information, go to http://kadenet.org/ or contact: Dee Deakins Sawyer dee.deakins@uky.edu or Diane Ballard dballard@KYDE.com.

http://kadenet.org/

Visit KADENET.org for details, to RSVP & for further updates.

Attendees from KADE's recent Symposium held in Lexington on May 29th pictured from left to right, Dana Graves, Jim DeMasters, and Megan Givan.

Kentucky Diabetes Network (KDN) Meetings Scheduled

The Kentucky Diabetes Network (KDN) is a network of public and private providers striving to improve the treatment and outcomes for Kentuckians with diabetes, to promote early diagnosis, and ultimately to prevent the onset of diabetes.

Anyone interested in improving diabetes outcomes in Kentucky may join. Membership is free. A membership form may be obtained at **www.kydiabetes.net** or by calling 502-564-7996 *(ask for diabetes program)*.

2015 KDN Meeting Dates *(10 am — 3:30 pm EST)*

September 11th in Louisville, U of L Shelby Campus

December 4th in Frankfort, KY History Museum

GLADE Diabetes Educator Meetings Scheduled

The Greater Louisville Association of Diabetes Educators (GLADE), *(covers Louisville and the surrounding area)*, meets the second Tuesday every other month. Registration required. For a meeting schedule or to register, contact Anne Ries at 502 -852-0253 anne.ries@louisville.edu or Ronda Merryman Valiyi at 502-897-8831 ronda.merryman-valiyi@bhsi.com

DECA Diabetes Educator Meetings Scheduled

Diabetes Educators of the Cincinnati Area (DECA) *(covers Northern Kentucky)* invites anyone interested in diabetes to our programs. Please contact Susan Roszel at: susan_roszel@trihealth.com 513-977-8942. Meetings are held in Cincinnati four times per year at the Good Samaritan Conference Center unless otherwise noted.

Registration 5:30 PM — Speaker 6 PM
1 Contact Hour

Fee for attendees who are not members of National AADE.

TRADE Diabetes Educator Meetings Scheduled

The Tri-State Association of Diabetes Educators (TRADE), *(covers Western KY / Southern IN / Southeastern IL)* meets quarterly from 10 am – 2:15 pm CST **with complimentary lunch and continuing education.** To register, call 270-686-7747 ext. 3020 or email Carman Allison at: carman.allison@grdhd.org.

July 16, 2015 — TRADE Quarterly Program
Baptist Health, Madisonville, KY
Details To Be Announced

October 28, 2015 — TRADE Workshop
Evansville, IN
Details To Be Announced

January 21, 2016 — TRADE Quarterly Program
Details To Be Announced

April or May 2016 — Possible TRADE Workshop
Details To Be Announced

Endocrinologists Meetings Scheduled

The Ohio River Regional Chapter of the American Association of Clinical Endocrinologists (AACE) and the Kentuckiana Endocrine Club (KEC) meet on a regular basis. For a schedule of meetings, contact Vasti Broadstone, MD, phone 812-949-5700 email joslin@FMHHS.com.

Learn About CDC's National Diabetes Prevention Program
http://www.cdc.gov/diabetes/prevention/index.htm

Kentucky Diabetes Connection

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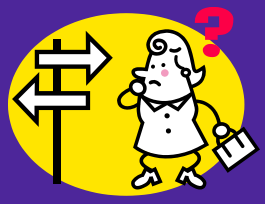

NEED A KY DIABETES RESOURCE?

Kentucky Diabetes Resource Directory
Update your entry information
https://prd.chfs.ky.gov/KYDiabetesResources/

Contact Information

American Diabetes Association®
Cure • Care • Commitment®
www.diabetes.org
1-888-DIABETES

TRADE
Tri-State Association of Diabetes Educators
A LOCAL NETWORKING GROUP of the AADE American Association of Diabetes Educators

KDN
KENTUCKY DIABETES NETWORK, INC.
www.kentuckydiabetes.net

KENTUCKY ASSOCIATION of DIABETES EDUCATORS
KADE
Local Networking Group of AADE
A LOCAL NETWORKING GROUP of the AADE American Association of Diabetes Educators
www.kadenet.org

GREATER LOUISVILLE ASSOCIATION OF DIABETES EDUCATORS
GLADE
A LOCAL NETWORKING GROUP of the AADE American Association of Diabetes Educators
www.louisvillediabetes.org

KENTUCKY DIABETES PREVENTION AND CONTROL PROGRAM
KDPCP
Kentucky UNBRIDLED SPIRIT
www.chfs.ky.gov/diabetes/

JDRF IMPROVING LIVES. CURING TYPE 1 DIABETES.
www.jdrf.org/chapters/KY/Kentuckiana
1-866-485-9397

DE CINCINNATI A
Diabetes Educators Cincinnati Area
A LOCAL NETWORKING GROUP of the AADE American Association of Diabetes Educators

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NOTE: Editor reserves the right to edit for space, clarity, and accuracy.